



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
Division of Racing and Athletics
233 Richmond Street
Providence, RI 02903 – 4233
Telephone No. (401) 222-6541
www.dbr.state.ri.us

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TDD No. 711

2006 LICENSE APPLICATION FOR EMPLOYEES AT NEWPORT GRAND

INSTRUCTIONS AND INFORMATION

1. All employees must have employer sign back of application where indicated.
2. All licenses will expire on December 31, 2006.
3. Fees must be paid by check or money order when application is submitted.
NO CASH IS ACCEPTED. Make checks payable to: State of R.I.-General Treasurer.
4. Applicant's background may be investigated by both the State Police and F.B.I.
5. False or incomplete information on this application may result in license denial.
6. Incomplete applications will be returned.
7. Application fees are non-refundable.

LICENSE TYPE AND YEARLY FEE:

1. **NEWPORT GRAND EMPLOYEES:** *(Please check one box and fill in required information)*

- ☐ Security Employee (\$10)..... Area worked: _____
- ☐ Pari-mutuel employee (\$10)
- ☐ Employees of Newport Grand Mgt. (\$10)..... *(Please check one Department listed below)*
- | | |
|----------------------|-----------------------|
| _____ Administration | _____ Food & Beverage |
| _____ Gaming | _____ Maintenance |
| _____ Operations | _____ Valet |

2. **NON-NEWPORT GRAND EMPLOYEES (\$10)**

Concessionaire Employee (\$10)AND Vendor/Employer _____

Job description: _____

Pari-mutuel Totalizator Company Employee (\$10) Company Name: _____

TOTAL FEE: _____ CHECK/MONEY ORDER #: _____ RECEIPT #: _____

| | | | | | | | |
|-------------------------|--------------------------------------|----------------|------------------------------|-------------------|--------------------------------------|---------------------|--|
| Last Name: | | First Name: | | Middle Name: | | Maiden/Former Name: | |
| Current Address: Street | | City | | State | | Zip Code | |
| Home Phone No.: () | | Date of Birth: | | Social Security # | | | |
| Age: | Height: | Weight: | Eye Color: | | Gender: Male: _____ Female: _____ | | |
| Are you a U.S. Citizen? | Place of Birth (city,state,country): | | Alien Registration Card No.: | | | | |

LICENSEE DUTIES AND RESPONSIBILITIES

FAILURE TO NOTIFY THE DEPARTMENT OF ANY CHANGES IN THE INFORMATION BELOW MAY RESULT IN THE DENIAL OR REVOCATION OF LICENSE. CHANGE OF INFORMATION FORM AVAILABLE AT DBR OFFICE AND WEB SITE www.dbr.state.ri.us .

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming by any Racing or Gaming organization, association, authority, commission in the United States or elsewhere? **YES:** _____ **OR NO:** _____ **(CHECK ONE)**

If you answered "YES", give details below (attach additional page(s) if necessary): _____

Have you ever been charged and/or convicted with any crime other than traffic violations? **YES:** _____ **OR NO:** _____ **(CHECK ONE)**

If you answered "Yes", give details below (attach additional page(s) if necessary): _____

Type of Identification provided-Include at least one with a photograph (check two)

Driver License: _____ Passport: _____ Social Security Card: _____ Other (Please specify): _____

Employment History for Past Three Years:

| NAME AND ADDRESS OF EMPLOYER | TYPE OF BUSINESS | Dates Employed | |
|------------------------------|------------------|----------------|----|
| | | FROM | TO |
| | | | |
| | | | |
| | | | |

List the Names and Addresses of Two Character References:

| NAME: | ADDRESS: |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

STATEMENT OF APPLICANT

IN THE ACCEPTANCE OF ANY LICENSE ISSUED pursuant to this application and the terms and provisions of R.I. Gen. Laws § 41-4-1 *et seq.*:

I agree to abide by the administrative regulations for the operation of Newport Grand, a copy of which I have received.

I understand that I am freely consenting to any warrantless search within the grounds of a permit holder, of the premises which I occupy or control, my personal property and effects, and to the seizure of any illegal item which said search may produce.

I HEREBY CERTIFY THAT I have read the foregoing application and affirm that every statement contained therein is true, complete and correct. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned rules and regulations and my application may be denied and/or my license revoked.

I HEREBY AUTHORIZE the Rhode Island Racing and Athletics Division to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. I FULLY UNDERSTAND THE PRECEDING WAIVER.

DATE OF APPLICATION: _____ **SIGNED (Applicant):** _____

(Employer/Supervisor Signature): _____

(Employer/Supervisor-Print Name): _____

Approved Racing & Athletics Division-DBR (Signature & Printed Name): _____

Approval Date: _____

LICENSE NUMBER: _____

BACKGROUND CHECK RESULT: _____